

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	7534	
O.I.P.E. CLASSIFIER		21	10/4/00
FORMALITY REVIEW		7017	11/7/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	9/4/03
2	✓	✓	2/7/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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If more than 150 claims or 10 actions
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